

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No.: <b>US20020143</b> Inventor Name(s): <b>Douglas D. L. Clear et al.</b> Application No.: <b>To be Assigned</b> Filing Date: <b>Concurrently herewith</b> Title: <b>VACUUM SYSTEM FOR A VEHICLE</b>  Express Mail Label No. <b>EV 118532930 US</b>
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<b>APPLICATION ELEMENTS</b>	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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Fee Transmittal Form  
 Patent Application data Entry Form  
 Specification comprising (13) pages, (20) claims.  
 Drawings ( twelve) (12) sheets  
 Unsigned Declaration and Power of Attorney

22387 U.S. PTO  
 10/648575  
 08/26/03

#### ACCOMPANYING APPLICATION PARTS

Assignment Papers (cover sheet and document(s))  
 Information Disclosure Statement (IDS)/PTO-1449  
 Copies of IDS citations  
 Preliminary Amendment  
 Return Receipt Postcard  
 Other:

#### IF A CONTINUING APPLICATION

Non-Provisional or Provisional  Continuation  Divisional  Continuation-in-Part (CIP) of prior application No: 60/319,502 Filed: August 27, 2002

#### CORRESPONDENCE ADDRESS

Name	WHIRLPOOL PATENTS COMPANY – MD 0750			
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City	St. Joseph	State	Michigan	Zip Code
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Name	JOHN F. COLLIGAN	Registration No.	Date
Signature		48,240	August 26, 2003

#### CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Washington, D.C. 20231

Date: *August 26<sup>th</sup> 2003*

*Barbara L. Katowich*  
 Barbara L. Katowich

03/08/03  
USPTO  
1031

<b><u>FEE TRANSMITTAL FORM</u></b>			Application No.: To be Assigned Filing Date: Concurrently herewith Inventor(s): Douglas D. LeClear et al. Title: VACUUM SYSTEM FOR A VEHICLE Attorney Docket No.: US20020143		
Total Amount of Payment <b>\$750.00-</b>					
<b>CLAIMS AS FILED - PART I</b>			<b>OTHER THAN SMALL ENTITY</b>		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$750.00	\$750.00
Total Claims	20	-20	0	x \$18 =	0
Independent Claims	3	-3	0	x \$84=	0
			<b>TOTAL FEE =</b>	<b>\$750.00</b>	

<b>CLAIMS AS AMENDED - PART II</b>						
<b>AMENDMENT A</b>	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$84	
			<b>TOTAL FEE =</b>	<b>\$</b>		

<b>AMENDMENT B</b>	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$84	0
			<b>TOTAL FEE =</b>	<b>0</b>		

<b>SUBMITTED BY:</b>			
Name	<u>JOHN F. COLLIGAN</u>		Registration No. <b>48,240</b>
Signature	<u>J. Colligan</u>		Date: <b>August 26, 2003</b>

Charge Deposit Account No. **23-1660** in the amount of **\$750.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account **23-1660**.